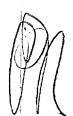


BEST AVAILABLE COPY

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB AP	PROVAL
OMB Number:	3235-0076

Expires: May 31, 2005 Estimated average burden hours per form

SEC USE	ONLY
Prefix	Serial
DATE REC	EIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Aspect US Fund LLC (the "Issuer")	BEST AVAILABLE COPY
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	1 3010 (0000 1
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Aspect US Fund LLC	
Address of Executive Offices (Number and Street, City, State, ZIP Coc/o Hemisphere Management (Ireland) Limited, Fourth Floor, 1 George's Quay Plaza, Georg Quay, Dublin 2, Ireland	,
Address of Principal Business Operations (Number and Street, City, State, ZIP Co (if different from Executive Offices) same as above	de) Telephone Number (Including Area Code) same as above
Brief Description of Business	
Through investment in an offshore trading vehicle, to trade in derivatives on currencies, a diversil	
of Europe's 1,000 largest listed companies, government bonds and currencies of worldwide econo companies using a multi-strategy technique.	omies and equities of Japan's 1,000 largest listed
Type of Business Organization	
	specify): Limited Liability Company
business trust limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Year 0 4 0 3 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
	AUG 0 1 2005
NERAL INSTRUCTIONS	THOMSON
deral: o Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section	

GE

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

		A. BASIC IDE	ENTIFICATION DATA		
2. Enter the information	requested for the f	ollowing:			
Each promoter of	the issuer, if the iss	uer has been organized wi	thin the past five years;		
• Each beneficial o	wner having the po	wer to vote or dispose, or	direct the vote or disposition	of, 10% or more of	f a class of equity securities of
• Each executive of	ficer and director o	f corporate issuers and of	corporate general and manag	ing partners of partne	ership issuers; and
Each general and	managing partner o	f partnership issuers.			···
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual) Aspe	ect Capital Limited (the '	'Investment Manager")		
Business or Residence Add	ress (Number and S ient (Ireland) Limi	treet, City, State, Zip Cod ited, Fourth Floor, 1 Geo	e) orge's Quay Plaza, George's	Quay, Dublin 2, Ir	eland
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first Lueck, Martin	if individual)				
Business or Residence Add c/o Aspect Capital Limite Ireland			e) Limited, Fourth Floor, 1 Ge	eorge's Quay Plaza,	George's Quay, Dublin 2,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	if individual)		·		
Business or Residence Add c/o Aspect Capital Limited Ireland	ress (Number and S l, c/o Hemisphere	treet, City, State, Zip Cod Management (Ireland) L	e) .imited, Fourth Floor, 1 Ge	orge's Quay Plaza,	George's Quay, Dublin 2,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Lambert, Dr. Eugene	if individual)				
Business or Residence Add c/o Aspect Capital Limited Ireland	ress (Number and S l, c/o Hemisphere	treet, City, State, Zip Code Management (Ireland) L	e) .imited, Fourth Floor, 1 Geo	orge's Quay Plaza, (George's Quay, Dublin 2,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Smith, Alastair	if individual)				
Business or Residence Add c/o Aspect Capital Limited Ireland			e) imited, Fourth Floor, 1 Geo	orge's Quay Plaza, (George's Quay, Dublin 2,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Wakefield, Robert	if individual)				
Business or Residence Addr c/o Aspect Capital Limited Ireland			e) imited, Fourth Floor, 1 Geo	orge's Quay Plaza, (George's Quay, Dublin 2,
Check-Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Adam, Michael	if individual)				
Business or Residence Addr c/o Aspect Capital Limited Ireland	ess (Number and Si , c/o Hemisphere I	treet, City, State, Zip Code Management (Ireland) L	e) imited, Fourth Floor, 1 Geo	orge's Quay Plaza, (George's Quay, Dublin 2,

			A. BASIC ID	ENTIFICATION DATA				
2. Enter the informati	on requ	ested for the	following:	, , , , , , , , , , , , , , , , , , , ,				
• Each promoter of the issuer, if the issuer has been organized within the past five years;								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
• Each executive	officer	and director o	of corporate issuers and of	corporate general and manag	ing partners of partne	ership issuers; and		
Each general and	d mana	ging partner o	of partnership issuers.					
Check Box(es) that Apply	: <u> </u>	Promoter	Beneficial Owner	Executive Officer	. Director	General and/or Managing Partner		
Full Name (Last name fire Jardim, Daniel	st, if inc	dividual)						
Business or Residence Ad c/o Aspect Capital Limit Ireland				de) Limited, Fourth Floor, 1 Ge	eorge's Quay Plaza,	George's Quay, Dublin 2,		
Check Box(es) that Apply	: [Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name firs Rockall, Simon	t, if inc	lividual)						
Business or Residence Ad c/o Aspect Capital Limit Ireland				le) Limited, Fourth Floor, 1 Ge	orge's Quay Plaza,	George's Quay, Dublin 2,		
Check Box(es) that Apply		Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name firs Cherry, Amanda	t, if ind	lividual)				d'u		
Business or Residence Ad c/o Aspect Capital Limit Ireland				le) Limited, Fourth Floor, 1 Ge	orge's Quay Plaza,	George's Quay, Dublin 2,		
Check Box(es) that Apply		Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name firs Vismeer, Heather	t, if ind	ividual)						
Business or Residence Ade c/o Aspect Capital Limite Ireland				e) Limited, Fourth Floor, 1 Ge	orge's Quay Plaza, (George's Quay, Dublin 2,		
Check Box(es) that Apply		Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name firs Athena LLC	, if ind	ividual)						
Business or Residence Add 44 West 77 th Street, 10W				e)				
Check Box(es) that Apply:		Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first National Union Fire Insu		•	Pittsburgh, Pennsylvani:	a				
Business or Residence Add AIG Global Investment (
Check Box(es) that Apply:		Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first	, if indi	ividual)				·		
Business or Residence Add	ress (N	lumber and S	treet, City, State, Zip Code	е)				
	_	(I (se blan	ik sheet or conv and use a	additional copies of this sheet	as necessary \			

His the issuer sold, or does the issuer intend to self, to non-accredited investors in this offering YES O															
1. Has the issuer sold, or does the issuer intend to sell, to non-accretified investors in this offering — Anwest and Anwest as in Appendix. Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Earst the information respected for each person who has been or will be paid or given, directly, or indirectly, any commission or similar constitution of prochemics in constitution with sales of recursive in the offering is person so he has been or will be paid or given, directly, or indirectly, any commission or similar constitution of prochemics in constitution with sales of recursives in the offering is 15 persons so he histed are associated person or agent of a broker or dealer registered with the SEC malfor with a state or state, list the name of the broker or offering incent sales for its individual). Full Name (Last name first, if individual) Refeo Securities, LLC Business or Residence Address (Number and Street, City, State, Zip Code) One World Financial Center, 200 Liberty Street, 33° Floor, New York, New York, 10281 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check *Tall States* or Active dividual) States. (ALI [AK] [AZ] (AR] (CA] (CO) [CT] [DE] [DC] [FL] [GA] [HT] [10] [MT] [NE] [NN] [NH] [NJ] [NM] [NM] [NM] [NM] [MM] [MM] [MM] [MM						1	B. INFORM	AATION A	BOUT OF	FERING					
2. What'is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or small tremperation for solicitation of pure labels are in comment on with sales of securities in the ordering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker origidate. If more than five (3) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Refo Securities, LLC Business or Residence Address (Number and Street, City, State, Zip Code) One World Financial Center, 200 Liberty Street, 23" Floor, New York, New York, New York 10281 Name of Associated Broker or Dealer (Check 'All States' or check individual States). (ALI [AK] [AZ] [AR] [CA] (CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [MI] [NI] [NI] [NI] [NI] [NI] [NI] [NI] [N												МО			
3. Does the offering permit joint ownership of a single unit? 4. Enter the informations requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remujeration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed are associated persons of the broker or dealer residence of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set for the information for that broker or dealer sonly. Full Name (Last name first, if individual) Refco Securities, LLC Business or Residence Address (Number and Street, City, State, Zip Code) One World Financial Center, 200 Liberty Street, 23° Floor, New York, New York 19281 Name of Associated Brijker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check *All States* or check individual) States). [AL] [AK] (AZ] [AR] (CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [10] [HI] [HI] [HI] [HI] [HI] [HI] [HI] [HI	2.										\$1.000.	000			
3. Does the offering perint joint ownership of a single unit? 4. East of the information requirest for each person with his base or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed as a associated person or agent of a knowledge or dealer registered with the SEC and/or within sation rates. If all remains of the broker or dealer registered with the SEC and/or within sation rates. If all remains of the broker of dealer, you may set forth the information for that broker or dealer registered with the SEC and/or with a sation rate, fail fine name of the broker or dealer registered with the SEC and/or with a sation rate, fail fine name of the broker or dealer rolly. Full Name (Last same first, if individual) Rafeo Securities, LLC Business or Residence Address (Number and Street, City, State, Zip Code) One World Financial Center, 200 Liberty Street, 23* Floor, New York, New York 19281 Name of Associated Broker or Dealer States in Which Person Lated Has Solicited or Intends to Solicit Purchasers (AL) [AK] [AZ] [AR] [CA] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [DD] [MI] [ND] [MI] [MI] [MI] [MI] [MI] [MI] [MI] [MI															
A. Enter the informalition requested for each person who has been or will be paid or given, directly any commission or similar remunarisation for solicitation or prochastes: in common continuation of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer right of the other or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Refo Securities, LLC Business or Residence Address (Number and Street, City, State, Zip Code) One World Financial Center, 200 Liberty Street, 23rd Floor, New York, New York 10281 States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check *All States' or check individual States). [All Jakk] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [ILL] [N] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [IM] [NE] [NN] [NH] [NI] [NM] [NN] [NN] [NN] [NN] [NN] [NN] [NN	3	3 Does the offering permit joint ownership of a single unit?								NO					
or similar remularation for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated persons or agent of a broker or detail registered with the SEC and/or with a stude or states, list the mane of the broker or detailer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Refo Securities, LLC Business or Residence Address (Number and Street, City, State, Zip Code) One World Financial Context, 200 Liberty Street, 23 rd Floor, New York, New York 10281 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Cheek "All States") (Cheek "All Sta				•			-							لاسكا	<u>.</u>
of the broker or ifeater. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Nams (Last name first, if individual) Refoo Securities, LLC Business or Residence Address (Number and Street, City, State, Zip Code) One World Financial Center, 200 Liberty Street, 23 rd Floor, New York, New York 10281 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Cheek "All States" or cheek individual States). [ALL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [D] [DG] [ID] [ID] [ID] [ID] [ID] [ID] [ID] [ID		or sim	ilar remuņ	eration for	solicitatio	n of purch	asers in cor	nnection wi	th sales of s	ecurities in	the offeri	ng. If a pe	erson to be		
set forth the information for that broker or dealer only Full Name (Last name first, if individual) Refeo Securities, LLC Business or Residence Address (Number and Street, City, State, Zip Code) One World Financial Center, 200 Liberty Street, 23 rd Floor, New York, New York 10281 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) [RI] [RA] [RA] [RA] [RA] [RA] [RA] [RA] [RA															
Refro Securities, LLC											on a broke		, you may		
Business or Residence Address (Number and Street, City, State, Zip Code) One World Financial Center, 200 Liberty Street, 23" Floor, New York, New York 10281 Name of Associated Broker or Dealer	Full Na	ame (La	ist name f	rst, if indiv	vidual)										
Name of Associated Broker or Dealer	Refco	Securi	ties, LLC		•										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Busine	ss or Re	sidence A	ddress (Nu	ımber and S	Street, City	y, State, Zip	Code)							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	One V	World 1	Financial (Center 20	0 Liberty	Street, 23	rd Floor, Ni	ew York, N	ew York 1	0281					
(Check "All States" or check individual States).						20, 20, 20	11001,111	10110,11		0.01					
(Check "All States" or check individual States).			:						•	,					
(Check "All States" or check individual States).	States i	n Whic	h Person L	isted Has	Solicited or	r Intends to	Solicit Pu	rchasers						·	
[II.] [IN] [IA] [KS] [KY] [IA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NV] [NM] [NV] [NC] [ND] [OH] [OK] [OR] [PA] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WV] [PR] [PA] [PA] [PA] [PA] [PA] [PA] [PA] [PA								••••••					🛛 A	All States	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WA] [WV] [WI] [WY] [PR] [WA] [WA] [WA] [WV] [WI] [WY] [PR] [WA] [WA] [WA] [WA] [WA] [WA] [WA] [WA		-													•
[R] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) BETA Capital Management, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 777 Brickell Avenue, Suite 1201, Miami, Florida 33131 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)				• •					• •	• •				•	
Full Name (Last name first, if individual)		-													
BETA Capital Management, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 777 Brickell Avenue, Suite 1201, Miami, Florida 33131 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)						[1,7,]	[01]	[• •]	[[7]	[HA]		[,,,1]	["']	[1 [7]	
Business or Residence Address (Number and Street, City, State, Zip Code) 777 Brickell Avenue, Suite 1201, Miami, Florida 33131 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	1 033 144	iiic (La	st name in	st, ii maiv	iuuai)			•				•			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers All States										<i></i>					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Busines	ss or Re	sidence Ac	ldress (Nu	imber and S	Street, City	, State, Zip	Code)							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	777 Bri	ickell A	venue. Su	ite 1201. l	Miami, Flo	rida 331.	31					•			
Check "All States" or check individual States CO CP CDE									 -						
Check "All States" or check individual States CO CP CDE			!												
Check "All States" or check individual States CO CP CDE	States in	n Whiel	Person L	isted Has S	Solicited or	Intends to	Solicit Pur	chasers			· · · · · · · · · · · · · · · · · · ·		·		
[KC] [N] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NJ] [NM] [NJ] [ND] [ND] [ND] [OH] [OK] (OR] [PA] [RI] [SC] [SD] [TN] [DX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [PR] [PR] [PR] [PR] [PR] [PR] [PR													🔲 A	.ii States	
[MT] [NE] [NV] [NH] [M] [NM] [NV] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [DX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Channel Capital Group LLC Business or Residence Address (Number and Street, City, State, Zip Code) 420 Lexington Avenue, Suite 2510, New York, New York 10170 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)			[AK]	[22]	[AR]	[CA]	[CO]		[DE]		[ELT	[GA]	[HI]	[ID]	
[RI] [SC] [SD] [TN] [LX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Channel Capital Group LLC Business or Residence Address (Number and Street, City, State, Zip Code) 420 Lexington Avenue, Suite 2510, New York, New York 10170 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [AL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NV] [NH] [NI] [NM] [NN] [NN] [NN] [NN] [NN] [NN]							-								
Full Name (Last name first, if individual) Channel Capital Group LLC Business or Residence Address (Number and Street, City, State, Zip Code) 420 Lexington Avenue, Suite 2510, New York, New York 10170 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)															
Channel Capital Group LLC Business or Residence Address (Number and Street, City, State, Zip Code) 420 Lexington Avenue, Suite 2510, New York, New York 10170 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							[01]	[\ 1]	[VA]	[WA]	[WV]	[WI]	[WY]	[PK]	
Business or Residence Address (Number and Street, City, State, Zip Code) 420 Lexington Avenue, Suite 2510, New York, New York 10170 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	ruii (Nai	me (Las	st name tirs	st, ii indivi	iduai)	•				•					
All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]								·	<u>.</u>						
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Busines	s or Res	idence Ad	dress (Nu	mber and S	treet, City	, State, Zip	Code)							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	420 Lex	ington	Avenue, S	Suite 2510	, New Yor	k, New Yo	ork 10170								
(Check "All States" or check individual States). \(\begin{align*}	Name ,o	f Assoc	iated Brok	er or Deal	er										
(Check "All States" or check individual States). \(\bigcirc \) \[\bigcir						•		-					•		
(Check "All States" or check individual States). \(\bigcirc \) \[\bigcir			i												
[AL] [AK] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MI] [MN] [MN] [MO] [MI] [OK] [OR] [PA]							Solicit Pur	chasers							
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]									(ID-173						
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]															•
			- 1					-			-				

								~						
					<u>_</u>	3. INFORM	1ATION A	BOUT OF	FERING	`				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											YES	NO		
1.	Answer also in Appendix, Column 2, if filing under ULOE.										\boxtimes			
. 2.	What	is the mini	e minimum investment that will be accepted from any individual?									\$1,000.	000	
							· ·							 -
-	_	ا لیمن	· ·										YES	NO
3. 4.							en or will b						\boxtimes	. 🗀
4.	or sin	ilar remun	ation reque eration for	sted for ea	n of purch	asers in con	inection wi	th sales of s	ven, aneca securities in	the offerin	ng. If a pe	rson to be		
							registered w							
		broker or o th the infor					listed are a	ssociated pe	ersons of su	ich a broke	r or dealer	, you may		
Full N		st name fi			or dealer	othy.								
	anne (Di	ist marite in	ist, ii mar	iddai)			*					•		
		ancial Gr						·		·				
Busine	ess or R	esidence A	ddress (Ni	ımber and	Street, City	y, State, Zip	Code)	,						
825 G	eorges l	Road, Nor	th Brunsy	vick, New	Jersey 08	902								
		ciated Brol												
		1		÷										
States	in Whic	h Person f	isted Has	Solicited o	r Intends to	Solicit Pu	rchasers							
		"All States											All States	
	[AL]	[AK]	[AZ]	[AR]	{CA}	[CO]	[CT]	[DE]	[DC]	[FL]	[GA] .	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	Did	[NM]	[NY	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Na	ame (La	st name fir	st, if indiv	idual)										
Night	thawk I	artners lr	ıc.											
Busine	ss or Re	sidence A	idress (Nu	mber and	Street, City	, State, Zip	Code)							
473.5	uluan A	venue, En	alewood t	Cliffs New	v Jersev ()	7632						•		
		iated Brok												
									,					
				7 11 1 1	T . 1 .	0.000	<u> </u>							
						Solicit Pur	chasers					XI.	All States	
	•					[CO]		[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
. :	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	<u> </u>
Full Na	ime (La	st name fir	st, if indivi	idual)										
Access	Capita	Investme	nt Group	, Inc.										
					Street, City	, State, Zip	Code)							
		, , , , , , , , , , , , , , , , , , ,					•			•				
		eet, Newn			ood, Florid	1a 33020							<u> </u>	
Name o	of Assoc	iated Brok	er or Deal	er										
		:				-								
						Solicit Pur	chasers							
		'All States'	_				(CT2	(DE)		rei ->=	[C A=		All States	
	AC] [H]		[AZ] HA]	[AR] [KS]	[CA] [KY]	(CO) [LA]	[C P] [ME]	(DE) (MB)	[DC] [هبراه]		[CAM]	[HI] [MS]	[ID] [M O]	
•	MT]	[NE]	[DIA]	[HN]	[K1]	[NM]	[\V\Z]	[N C]	[ND]	[A(1)]	[OK]	[MS]	[PA]	
	BH	[SC]	[SD]				[VT]	[WA]	[XYA]	[WV]	DWI	[WY]	[PR]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Common Preferred Convertible Securities (including warrants) . \$0 50 Partnership Interests \$0 \$0 Other (Specify Limited Liability Company Interests (the "Interests")...... \$500,000,000(a) \$108,722,456.30 \$500,000,000(a) \$108,722,456.30 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	64	\$103,712,456.30
Non-accredited investors	10	\$5,010,000
Total (for filings under Rule 504 only)	N/A	\$N/A

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505	N/A	\$N/A
Regulation A	N/A	\$N/A
Rule 504	N/A	\$N/A
Total	N/A	\$N/A

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	3 s o
Printing and Engraving Costs	
Legal Fees	\$15,000
Accounting Fees	\$6,000
Engineering Fees	3 \$0
Sales Commissions (specify finders' fees separately)	\$0(b)
Other Expenses (identify) Filing Fees	\$1,000
Total	\$25,000
Open-and fund: estimated maximum aggregate offering amount	

(a) Open-end fund; estimated maximum aggregate offering amount.

(b) The Issuer may pay selling agents a portion of the advisory fees it receives from a client attributable to accounts introduced by such selling agents.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceed proceeds to the issuer." \$499,975,000 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors. & Payments to Affiliates Others ⊠ so Salaries and fees..... **⊠** 50 ⊠ **s**o So So Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another ⊠ so S \$0 Working capital **S**0 **∑** \$0 \$499,975,000 Other (specify): Portfolio Investments \boxtimes so Column Totals \$499,975,000 Total Payments Listed (column totals added)..... \$499,975,000

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice if filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)

Signature

Date

23.06.2005

Aspect US Fund LLC

Name of Signer (Print or Type)

Simon Rockigoo

Title of Signer (Print or Type)

AUTHORISED SVINATOWY

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).